

13 APR 2004  
ALTERNATE TEMPORARY LODGING FACILITY (TLF) REQUEST

**MEMBER INFORMATION**

Name:	SSN:
Paygrade:	Phone Number:
Command:	UIC:
Justification:	

**ALTERNATE TLF INFORMATION**

Name:	Phone Number:	Location:
Begin Date:	End Date:	Total Days:

**MEMBER CERTIFICATION**

I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE: _____
Signature/Rank/Date

**COMMAND ENDORSEMENT**

Forwarded, recommending approval/disapproval.			
Comments: _____			
_____	_____	_____	_____
Commanding Officer	Name/Rank	Date	Phone Ext.

**NAVSUPPACT Naples TLA Coordinator**

Your request for use of Alternate TLF listed in this document is hereby approved/disapproved.			
Comments: _____			
_____	_____	_____	_____
Signature	Name/Rank	Date	Phone Ext.

NOTE: USE OF ALTERNATE TLF WILL ORDINARILY NOT BE AUTHORIZED UNLESS NAVY LODGE IS NOT AVAILABLE.